		AND HUMAN SERVICES		Morrison	PRINTED: 11/10/202 FORM APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	19 92 91	11/20-	OMB NO. 0938-039
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A BUILDING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
120 Can	AL.	445203	B, WING		11/08/2021
NAME OF	PRÓVIDER OR SUPPLIER		STRE	EET ADDRESS, CITY, STATE, ZIP CODE	
WEST	MEADE PLACE			ST LUKE DRIVE HVILLE, TN 37205	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETION
F 000	INITIAL COMMENT	rs	F 000		10
	completed on 11/8/2	ation #TN00055350 was 2021 at West Meade Place.			F. 100
	investigation #TN00 483, Requirements	ited related to complaint 055350 under 42 CFR PART for Long Term Care Facilities.			
	Safe/Clean/Comfort CFR(s): 483.10(i)(1)	able/Homelike Environment)-(7)	F 584	ATTACHMENT A	
		fronment. right to a safe, clean, melike environment, including			
	but not limited to rec	ceiving treatment and			
	supports for daily liv	ing safely.	İ		1
	The facility must pro	vide- , clean, comfortable, and			
	homelike environme	nt, allowing the resident to	i		i
	possible.	nal belongings to the extent			Ĭ.
	receive care and ser	uring that the resident can vices safely and that the facility maximizes resident			
	independence and d (ii) The facility shall e	loes not pose a safety risk. exercise reasonable care for resident's property from loss			1
	or theft.	residents property nonnioss			m m
j		keeping and maintenance o maintain a sanitary, orderly,		TE CENV	12 11
	and comfortable inte	rior;		1 2 mil 2	Dar.
	§483.10(i)(3) Clean to in good condition;	bed and bath linens that are		BA: WON S	Dyman
		closet space in each ecified In §483.90 (e)(2)(iv);		Bir	
i					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ADMINISTRATOR

(X8) DATE

Any deficiency (statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	(X3) DATE SURVEY COMPLETED		
		445203	B, WING	Water Communication of the Com	C
NAME OF	PROVIDER OR SUPPLIER	440203		REET ADDRESS, CITY, STATE, ZIP CODE	11/08/2021
	EADE PLACE		100	SHVILLE, TN 37205	
(X4) ID PRÉFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 584	Continued From pa	ge 1	F 584		
	§483.10(i)(5) Adequences in all areas;	uate and comfortable lighting	i		
	levels. Facilities init	ortable and safe temperature ally certified after October 1,			
	1990 must maintain a temperature range of 71 to 81°F; and		T t		
	sound levels. This REQUIREMEN by: Based on facility poreview, observations failed to provide a si (Rooms #3036, 303	e maintenance of comfortable IT is not met as evidenced slicy review, medical record and interviews, the facility anitary environment for 6 7, 3038, 3040, 3042, and 3rd entral Bath) of 8 rooms	;		
	The findings include	4			
,	"Patient Rights", rev patient/resident's rig which is individualize cultivate and sustair each individual with services, by honorin	ed facility's document titled, ealed, "we support the ht to live in an environment ed for themWe strive to an excellent quality of life for person-centered care and g and supporting each eferences, choices, values	,		
	Disinfecting Resider revealed, "The pur provide guidelines for residents' rooms1. [for example], floors,	icy titled, "Cleaning and ts' Rooms," revised 8/2011, pose of this procedure is to r cleaning and disinfecting Housekeeping surfaces (e.g. tabletops) will be cleaned on a spills occur, and when isibly soiled2.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		445203	B. WING		C 14/09/2024	
	PROVIDER OR SUPPLIER		STR 100	EET ADDRESS, CITY, STATE, ZIP CODE 0 ST LUKE DRIVE SHVILLE, TN 37205	11/08/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 584	Environmental surfa cleaned) on a regul	ge 2 aces will be disinfected (or ar basis (e.g., daily, three when surfaces are visibly	F 584			
	#1 was admitted to diagnoses which inc	cal record revealed Resident the facility on 8/4/2021 with cluded Bi-Polar Disorder, order and Body Dysmorphic	ï		,	
	Assessment for Res revealed a Brief Inte	Minimum Data Set (MDS) sident #1 dated 8/11/2021, rview for Mental Status which indicated no cognitive) 1			
,	#4 was admitted to the a readmission on 05 included Hemiplegia	al record revealed Resident he facility on 08/19/2016 with 1/18/2021. Diagnoses and Hemiparesis following Dysphagia and Cerebral	ĵ.		3	
	Resident #4 dated 0	al MDS Assessment for 8/19/2021, revealed a BIMS adicated no cognitive			y	
		tic Hypotension and				
	Resident #5 dated 0	I MDS Assessment for 3/12/2021, revealed a BIMS dicated no cognitive	(9)			

The Control of the Co					WIND ING. USO	2-0331
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING	(X3) DATE SUR' COMPLETE		
		445203	B, WING		C 44/09/00	104
NAME OF	PROVIDER OR SUPPLIE	ER .	STI	REET ADDRESS, CITY, STATE, ZIP CODE	11/08/20	21
WEST N	EADE PLACE		100	00 ST LUKE DRIVE ASHVILLE, TN 37205		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDSHOUND THE APPROPRIES OF THE APPROPRIES O	JLD BE COMP	(X5) PLETION PATE
F 584	Continued From impairment.	page 3	F 584			
	#6 was admitted to diagnoses which	dical record revealed Resident to the facility on 04/06/2018 with included Hypertensive Chronic Cervicalgia and Restless Leg	1 1			
į	Resident #6 dated	arterly MDS Assessment for 1 10/08/2021, revealed a BIMS indicated no cognitive	1			
ŧ	#7 was admitted to diagnoses which is	dical record revealed Resident to the facility on 03/10/2021 with ncluded Alzheimer's Disease, onic Kidney Disease and				
	dated 09/17/2021,	S Assessment for Resident #7 revealed a BIMS score of 4, evere cognitive impairment.				
	Bath on 11/8/2021 smell of urine, deb	at 9:29 AM, revealed a strong or is on the floor, a yellow sling next to the commode and floor.				
		om 3042 on 11/8/2021 at 9:31 s (appeared to be crumbs and				
i	AM revealed debri a used washcloth i pink pan with brow the sink vanity top	m 3040 on 11/8/2021 at 11:02 s on the floor of the bathroom, under the sink on the floor, a n debris in it under the sink, was dirty, a brown smudge sh handle on the toilet tank.				

CENTE	NO FOR MEDICANE	& MEDICAID SELVICES	,		ONID NO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		445203	B, WING		C 11/08/2021
,	PROVIDER OR SUPPLIER		100	REET ADDRESS, CITY, STATE, ZIP CODE 00 ST LUKE DRIVE ASHVILLE, TN 37205	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
F 584	brief in the floor and floor beside "A" bed a plastic bag that we the floor and a bath pitchers on the floor Observation of the 11/8/2021 at 12:05 grey blanket, and a the floor of the bath black/brown debris was cluttered with p denture adhesive wo observation in room without a liner near bottom of the can. I board and foot boar furniture surfaces. Or revealed a yellow/brabove the trash can edge had splattered substance on the floand on the bedside. Observation of room PM revealed the tolismelled of urine. Thand 2 gloves on it. Thand 2 gloves on it. Thand 2 gloves on it. Thand 2 gloves and trashcans had brow them. Further obserheadboards and foo surfaces. Observation of room of surfaces.	room revealed a clean adult in blue incontinent pads on the inferior pads on the inferior pads as tied up with linen in it on pan that contained 4 water income in room 3042 on the pasket with toiletries in it on the pasket with toiletries in the or pasket with debris in the or the was dust on the head of both beds and on all observation of "A" bed side, frown smudge on the wall in the overbed table drawer dried debris, a white part of the bed table. The sink vanity was soiled with the pasket with the bottom of the trashcans. The indebris in the bottom of vation revealed dust on the thoards and on all furniture. The sink vanity was soiled with the pasket with the p	F 584		
	the bathroom floor. I	vas debris and dust covering Further observation revealed e/yellow/brown substance			14)

PRINTED: 11/10/2021 FORM APPROVED

OLIVIL	THO LOT WEDIGHTE	C MEDIONID SELVAICES			OMR NO	. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		TE SURVEY MPLETED
		445203	B. WING		11/	C 08/2021
	PROVIDER OR SUPPLIER		10	TREET ADDRESS, CITY, STATE, ZIP CODE 000 ST LUKE DRIVE ASHVILLE, TN 37205		SOILOLI
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 584	debris under 2 unco sink vanity and no li Observation of roon PM revealed the wir debris on the surface revealed a dried who commode in the bate debris on the wall no	se. There was dried crusty overed toothbrushes on the	F 584			
	commode. Observation in the S	south Wing 3rd Floor hallway, Bath, revealed a chair with 2				ĺ
	During a phone inter AM with Resident #1 August for rehabilita "nasty." She stated to have someone co someone, but the to housekeeper left. Shroom had a brown fill	ears on the cushion. view on 11/8/2021 at 9:17 , she stated she was here in tion, and her bathroom was she asked the Administrator me and clean it, so he sent let was still dirty after the stated the bathtub in her m on it, and she refused to took showers while she was	(
	with Resident #4, she room. The bathroom though." During an interview owith Resident #5, she hasn't been in here to techs (Certifled Nursianymore, they will sw	on 11/8/2021 at 11:02 AM e stated, "They clean my needs some attention on 11/8/2021 at 12:05 PM e stated, "Housekeeping oday. Sometimes, when the ing Assistants) can't stand it veep up the floor and pick up eeping does come in, all				

AND ROLL AND ALL	1 100 1 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1	on Michigan and Chair Michigan				DIVID ITO	. 0000-0001
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		ONSTRUCTION		E SURVEY IPLETED
		445203	B. WING	i			C
NAME OF	PROVIDER OR SUPPLIER	440200	1 , , , , , ,		EET ADORESS, CITY, STATE, ZIP CODE	1 71/	08/2021
	EADE PLACE			1000	ST LUKE DRIVE SHVILLE, TN 37205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X6) COMPLETION DATE
F 584	Continued From pa	ge 6	F!	584			
	they do is sweep th	e floor. My roommate went n toilet bowl cleaner and tries	tí				- *
	Certified Nursing As work through agend	on 11/08/2021 at 12:14 PM, ssistant (CNA) #1 stated, "I cy, but I have worked in this	i I				
	facility a lot over the past three years. This facility is the dirtiest place that I have ever worked. They don't have anyone to work in housekeeping, the CNA's sweep a little every now and then when it						10 10
	gets overwhelming. During an interview	on 11/8/2021 at 12:17 PM					
	doesn't come in ver			111			
	with Resident #6, shusually comes in on						
		me they don't have enough r my room to be cleaned, it's		1			
	with the Housekeep	on 11/8/2021 at 12:29 PM ing Supervisor, he confirmed encing a "huge" shortage in		1			te.
	housekeeping person Full Time Housekee	onnel. He stated he only has 2 pers and there is not enough as they should be. He stated					
	recruitment efforts a contacted an agenc	re ongoing and they have y, but the price was ared to what the facility's					
	the Housekeeping S 12:34 PM, he confirm	nd walking observation with supervisor on 11/8/2021 at med rooms 3042, 3041, 3040, and the 3rd floor South Wing		Į.			

	ID SEAL OF CORDECTION INCRESS TO A MUNICIPAL TO		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED
		445000				С
		445203	B. WING			11/08/2021
NAME OF PROVIDER OR SUPPLIER WEST MEADE PLACE				1000 ST LUKE DRI		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COR	ÉR'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD ERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
	housekeeping servi During an interview the Administrator, he	lirty and had not had	F 58	34		
				įti.		

Attachment A

F 584

Safe/Clean/Comfortable/Homelike Environment

- 1. On 11/9/21, the housekeeping staff were in-serviced on proper cleaning procedures, for resident rooms and emphasizing particular attention to surfaces, bathrooms sinks, vanities and toilets. The housekeeping staff were instructed to remove any linen by bagging and placing it in the soiled linen room. Housekeeping staff were instructed to change all trashcan liners and to clean trash cans if they are dirty. Housekeeping staff were re-educated on high touch areas and dusting of all furniture, blinds, windowsills, etc. in resident rooms. Housekeeping staff were instructed how to properly mop and make sure all visible stains are removed from floor surfaces. Follow-up visits were conducted by the housekeeping supervisor and the maintenance director on the afternoon of 11/9/21.
- 2. Staffing issues have been addressed by incorporating a housekeeping staffing agency to ensure the appropriate level of staffing to meet the daily needs of the health center and its residents until more center staff can be identified and hired.
- 3. Frequency of in-services has increased to ensure cleaning procedures are understood and followed. The director of plant operations has added a housekeeping supervisor under his direction to help manage housekeeping employee's daily routines. Checklists of required cleaning assignments per room were given to each housekeeping staff member so they can document all cleaning procedures that occur. The housekeeping staff is reporting all completed assignments to the housekeeping supervisor at the end of each day. Staff room checks are reviewed daily by supervisor for completion and verified by physical inspection.
- 4. The plant operations director will be conducting monthly audits for the next 3 months to ensure continuing compliance. Quarterly audits will begin after this, and results of audits will be reported in the monthly QAPI meetings. Any further adjustments will be at the discretion of the administrator.

Completion Date: 12/17/21